



*Winner, Delaware Quality Award of Merit*

Division of Unemployment Insurance  
Employer Contributions Operations  
P. O. Box 9953  
Wilmington, DE 19809

**NONPROFIT ORGANIZATIONS  
CERTIFICATE OF ELECTION  
OF REIMBURSEMENT OF BENEFITS PAID  
IN LIEU OF REQUIRED ASSESSMENTS**

\_\_\_\_\_ (OFFICIAL NAME OF EMPLOYER) being an employer as described in 19 De. C §3345 (b)(3), elects to reimburse the State of Delaware, Department of Labor for the Unemployment Compensation Fund an amount equal to the amount of the regular benefits and the first week of extended benefits paid and one half of the extended benefits paid in subsequent weeks for weeks of unemployment based on wages paid to the employees.

This election of reimbursement of benefits shall continue for a period not less than:

12 months if election made when first become subject to Title 10, or

24 months if have been paying assessments and now electing to become liable for reimbursement,

until written notice is given 30 days prior to the beginning of the calendar year, of the employer's intention to pay assessment on wages.

Pursuant to Title 19 of the Delaware Code, and to the Department of Labor's Rules and Regulations, this certificate of election is hereby executed by the undersigned whose signature and official seal make it binding upon \_\_\_\_\_ (title of liable employer) and the Department of Labor.

For the Liable employer

For the Department of Labor

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Director, Unemployment Insurance

Corporate Seal

\_\_\_\_\_  
Witness